

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/65257</div>	FILING DATE			
							APPLICANTS				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	<div style="font-size: 1.2em; font-family: cursive;">4</div>						TOTAL IND.				
TOTAL DEP.	<div style="font-size: 1.2em; font-family: cursive;">20</div>						TOTAL DEP.				
TOTAL CLAIMS	<div style="font-size: 1.2em; font-family: cursive;">24</div>						TOTAL CLAIMS				